

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 2

Substitute for form 1449A/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Application Number	
				Filing Date	
				First Named Inventor	Indra Laksono
				Group Art Unit	
				Examiner Name	
				Attorney Docket Number	VIXS 004
Sheet	1	of	2	J1046 U.S. PTO 05/24/01 09/84602	

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO				Complete if Known	
				Application Number	
				Filing Date	
				First Named Inventor	Indra Laksono
				Group Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	VIXS 004

Examiner Initials •	Cite No.1	Include name of author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T ²
	1	VTST-Series NTSC/PAL Electronic Television Tuners	<input type="checkbox"/>
	2	TDC Components for Modems & Digital - Set top boxes	<input type="checkbox"/>
	3	Conexant - CX22702	<input type="checkbox"/>
	4	Conexant - CX24108	<input type="checkbox"/>
	5	What is Digital Satellite Television	<input type="checkbox"/>
			<input type="checkbox"/>

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Unique citation designation number. 2 Applicant is to place a check mark here if English language Translation is attached

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.